Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service

Open to Public Inspection

A Fo	or the	2009 cal	endar year, or tax year beginning $$ MAR 1 , 2009 and ending	FEB 28, 2010	· · · · · · · · · · · · · · · · · · ·
3 Ch	eck if	Diesee	C Name of organization	D Employer identific	ation number
ар	plicable	use IRS			
	Addres: change	label or print or	JUSTGIVE, INC.	- 04 2	331010
	Name change	type.	Doing Business As		
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address)	te E Telephone number (415) 982-5700
	Termin-	Specific Instruc-	312 SUITER STREET		28,555,844.
	Amend return	ed tions.	City or town, state or country, and ZIP + 4	G Gross receipts \$	
	Applica tion	1-	SAN FRANCISCO, CA 94108	H(a) Is this a group re	Yes X No
	pendin	F Nar	ne and address of principal officer: KENDALL WEBB	for affiliates?	
		312	SUTTER STREET, SUITE 410, SAN FRANCISCO	H(b) Are all affiliates inc	
L Ta	ax-exe	mpt stati	us: X 501(c) (3) ◀ (insert no.)		list. (see instructions)
J W	/ebsit	e: WW	W.JUSTGIVE.ORG	H(c) Group exemption	State of legal domicile: CA
K Fo	orm of	organizati	on: X Corporation	ar of formation: 1999 N	State of legal doffficile. C22
Pa	rt I	Summ	ary TNODEACE	CHARITARIE G	TVING BY
0	1	Briefly de	escribe the organization's mission or most significant activities: INCREASE	CHARTIADED C	ABOUT.
& Governance		CONNI	CLING PROPER MILH THE CHARTITED WAS GIVE	710 1111 0	
Ě	2	Check th	is box F if the organization discontinued its operations or disposed of m	ore than 25% of its fields	11
ŏ	3	Number (of voting members of the governing body (Part VI, line 1a)		11
8			of independent voting members of the governing body (Part VI, line 1b)		12
es	5	Total nun	nber of employees (Part V, line 2a)		0
iviti	6	Total nur	nber of volunteers (estimate if necessary)		0.
Activities	7a	Total gro		7a	0.
_	b	Net unre	lated business taxable income from Form 990. The EIVED	Prior Year	Current Year
			tions and grants (Part VIII, line 1h)	20,463,447.	27,639,712.
Revenue			- (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	790,221.	861,466.
		-	service revenue (Part VIII, line 2g)	18,743.	2,671.
e.	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d) venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c enue, add lines 8 through 11 (must equal Part Vines VIII) (A), line 12)		
_	11	Other rev	enue · add lines 8 through 11 (must equal Part Charle Carl (A), line 12)	21,272,411.	28,503,849.
	172	Total rev	ende - add illies o through i i (mast eduar: artista	19,727,571.	26,842,131.
			nd similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	675,628.	722,693.
ses			other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses			onal fundraising fees (Part IX, column (A), line 11e) ordraising expenses (Part IX, column (D), line 25) 614,972.		
Ϋ́	_b	Total fun	ndraising expenses (Part IX, column (D), line 25)	834,152.	960,210.
	17	Other ex	penses (Part IX, Column (A), lines 11a-11d, 1112-41) penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,237,351.	28,525,034.
	18	lotal exp	e less expenses. Subtract line 18 from line 12	35,060.	-21,185.
LS		Hevenue	e less expenses. Subtract line to nominate 12	Beginning of Current Year	
ance	20	Total and	sets (Part X, line 16)	1,683,676.	3,980,307.
Sse Bala	20		bilities (Part X, line 26)	1,000,110.	
Net Assets or Fund Balances	21		ets or fund balances. Subtract line 21 from line 20	683,566.	713,824.
	art II	Sign	atura Black		
<u> </u>		Under per	nalties and the transfer of which prepare has any knowle	ents, and to the best of my knowle edge.	dge and belief, it is true, correct,
		and comp	siete, a clarador o prepara tite a tito dos dos dos dos dos dos dos dos dos do	1	
Sig	n				
Hei		Sign	gnature of officer	Date	
••••		K	ENDALL WEBB, PRESIDENT	<u></u>	
		▼ Ty	pe or print name and title	LOV	wasta identifying number
_		Prepare	r's Date	self- (see i	rer's identifying number nstructions)
Pai		signatur	THOMAS J. PARRY 09/29/10	employed 🕨 📖	
	parer's	Firm's na	DHMDON & MALL A COLOR	EIN ►	
Use	Only	self-empl	oyed). 1 POST STREET, SUITE 2150	ļ	/ / 1 5 \ 7 0 5 5 6 1 5
		address, ZIP + 4	SAN FRANCISCO, CA 94104-5206	Phone no.	(415)705-5615
			this return with the preparer shown above? (see instructions)		X Yes No

Farm !	990 (2009) JUSTGIVE, INC. 94-3331	010	Р	age 3
Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
	If "Ves." complete Schedule A	1		X
^	la the ergenization required to complete Schedule B. Schedule of Contributors?	2		- 1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	Lije affica of It "Vos " complete Schedule C. Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		 -
6	Did the exceptivation maintain any donor advised funds or any similar funds or accounts where donors have the right to	_	Х	1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete scriedule D, Fart F	6		┼
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ '		x
•	the environment historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		 ^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			\ v
Ü	Schedule D. Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			٦,
9	gradit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If IVos II complete Schedule D. Part V	10		X
	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	as applicable	11	X	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	L		-
•				1
_	Part VI. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	l .	1	200
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			1
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		40.5	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	
•	Did the organization report an amount for other assets in rank, line to that is one of the same late. School use D. Part IX			
	Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	5,3		: 1
•	Did the organization report an amount for other liabilities in a late, in a 25 to 45 per include a footnote that addresses Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate or consolidated infalicial statements for the tax year independent of tax years independent	17	12.	
	the organization's liability for uncertain tax positions under 110 40? In 1765, complete by the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Did the organization obtain separate, independent addited infancial statements for the tax years with the separate of the sepa	12	X	
	Schedule D, Parts XI, XII, and XIII. Yes No			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No Yes No 12A X	7		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 763, complete senses a	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			7
b	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
	and program service activities outside the United States / / Fest, Complete Service or assistance to any organization		1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15	1	X
	or entity located outside the United States? If "Yes," complete Schedule F, Part II			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		X
	located outside the United States? If "Yes," complete Schedule F, Part III		1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<u> </u>		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		X
	1c and 8a? If "Yes," complete Schedule G, Part II	<u> </u>	\top	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G. Part III	20		+ x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H) (200

Par	t IV Checklist of Required Schedules (continued)		Yes	No
	and examinations in the		163	140
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	21	х	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		X
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
L.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tay evempt hands?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		i	37
	discussified person during the year? If "Yes." complete Schedule L, Part I	25a		X
h	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			- V
	Schedule Part	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>^</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		x
	Schedule L. Part III		<u> </u>	+
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		l	
	instructions for applicable filing thresholds, conditions, and exceptions):	28a	ļ	X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	\dagger	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	28c		Х
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yea, Complete Contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30	İ	X
	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		X
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32	↓	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	+-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	05		x
	If "Yes," complete Schedule R, Part V, line 2	35	+-	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
	If "Yes," complete Schedule R, Part V, line 2	30	+-	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	"	+ -	† <u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O.			(2009

Form	990 (2009) JUSTGIVE, INC.	94-33310	10	Pa	ige 5
Par	But and Tox Compliance				
		Г		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	9			
h	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable		ľ		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportab	ole gaming		v	
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	12		37	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instruc-	tions)			37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by tr	nis return?	3a		X
h	If "Ves." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
42	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ity over, a	-		77
74	financial account in a foreign country (such as a bank account, securities account, or other financial accour	nt)?	4a		X
h	If "Yes," enter the name of the foreign country: ►		4.5		
U	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank a	ind			1
	Financial Accounts.				
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
ра ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding I	Prohibited			
С	Tax Shelter Transaction?		5с		
•	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	anization solicit			
ьа	any contributions that were not tax deductible?	.,	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions o	r gifts			1
D	were not tax deductible?	,,,	6b		<u> </u>
_	Organizations that may receive deductible contributions under section 170(c).				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	and services			l
а	provided to the payor?		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req	uired			
С	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			an Ge	
a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	ial			
е	benefit contract?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
1	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as re	equired?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	ations. Did the			1
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess be	usiness holdings			
	at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				1
	Division and a start make any tayable distributions under section 4966?		9a	<u> </u>	X
a	the state of the s		9b		X
10	Section 501(c)(7) organizations. Enter:		187	ļ.	
	10a				1.
a	10b				
11	Section 501(c)(12) organizations. Enter:				
11	11a]		
а	Compather accuracy (Deport not amounts due or paid to other sources against				
b	amounts due or received from them.)]	150	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041		12a	L	\perp
128	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
<u>t</u>	If "Yes," enter the amount of tax-exempt interest received of accrede daming the year.		Forn	990	(200

Form 990 (2009)

JUSTGIVE, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management		 1	
300.	1 1 1 1 1		Yes	No
1a	Enter the number of voting members of the governing body		W W	
b	Enter the number of voting members that are independent		ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	, i.e.	.,	
_	efficer director trustee or key employee?	_2	<u>X</u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		v
Ŭ	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6_		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		х
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>~</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			ı
	by the following:		х	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		х	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Na
		100	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a	-	
b	If "Yes." does the organization have written policies and procedures governing the activities of such chapters, aπiliates,	406	1	
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	 	1	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	x	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b		х
	to conflicts?	120	-	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c		x
	in Schedule O how this is done	13	Х	
13	Does the organization have a written whistleblower policy?	14	X	
14	Does the organization have a written document retention and destruction policy?	17	 	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X
а	The organization's CEO, Executive Director, or top management official	15b	 	X
b	Other officers or key employees of the organization	1.00	 	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	'		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		X
	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		1.	Т
b	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		16b		
<u> </u>	exempt status warrooped to the			
	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA	A , K	3,K	/,IL
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
18	public inspection. Indicate how you make these available. Check all that apply.			
	Y Own website Another's website X Upon request			
40	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fir	ancial	
19	statements available to the public.			
-00	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	▶	
20	THSTGIVE INC (415)982-5700			
	312 SUTTER STREET, SUITE 410, SAN FRANCISCO, CA 94108			
		For	ո 990	(2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

and former such persons. Check this box if the organization did not co	mpensate an	y cu	rren	t off	icer,	, dire	ctor	r, or trustee.		
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average			Posi	ition			Reportable	Reportable	Estimated
Name and mile	hours	(ch	neck	all t	that	app	y)	compensation	compensation	amount of
	per	J.						from	from related	other
	week	lirecti				_		the	organizations	compensation from the
		e or c	tee			sate		organization	(W-2/1099-MISC)	organization
		ruste	l trus		aa/	шрег		(W-2/1099-MISC)		and related
		dua! t	tiona	_	oldu	st co yee	<u>بر</u>	!		organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
WENDALL WEDD		_	_	<u> </u>						
KENDALL WEBB PRESIDENT & EXEC. DIRECT	40.00	х		x				62,100.	0.	0.
DOUGLAS FEICK	40.00		-	-	<u> </u>	\vdash		, , , , , , , , , , , , , , , , , , , ,		
CHAIRPERSON/TREASURER		x	ŧ	X		'		0.	0.	0.
DON KENDALL, SR.			 	 	\vdash	H				
DIRECTOR		Х						0.	0.	0.
WILLIAM E. MCGLASHAN, JR	.,	 	 	 						
DIRECTOR		x					ŀ	0.	0.	0.
BILL PRICE					\vdash					
DIRECTOR		X						0.	0.	0.
DENNIS FAUST			\vdash	\dagger	1					_
SECRETARY		X		X	1			0.	0.	0.
DOUGLAS MAZZUCCO		†	\top							
DIRECTOR		X						0.	0.	0.
RAY DALIO										
DIRECTOR		X				1_	<u> </u>	0.	0.	0.
SHEILA LEWIS									0.	0.
DIRECTOR		X	ļ	1_	ļ.,	↓	┞	0.	<u> </u>	
DAHNA GOLDSTEIN					İ			0.	.l o.	0.
DIRECTOR		X	 	-	\perp	┼	↓ _	<u> </u>		
PETER MURRAY		1,,	1					0.	0.	0.
DIRECTOR		X	┼	-	_	+	╄	U .		
							ŀ			
	_	┼	+-	-	+	+	┼-			
		1		Ì						
		┾	+-	-	+-	╁	╁			
				i			l			
		-	+	+	+	+	+			
		+	+	+	+-	+	+			
		1				1				
	 	+	+	+-	+	+	\vdash			
							İ			
					ш.					Form 990 (2009)

Form 990 (2009)

(A) Name and title	(B) (C) Average Position							(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount o	
	hours per week	Individual trustee or director	ec hstitutional trustee	Officer		nsated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con f orç ar	other npensa rom the ganizati id relate anizatio	tion e on ed
										-		
						<u> </u>						
					ļ	_	ļ					
		-	<u> </u>			_	-					
		1	_	<u> </u>		\perp	\vdash				- to	
			-		-	-	-			+-		
		-	+	-	-	_						
		-	_	_		+	+					
		-		-			-					
1b Total				<u> </u>		▶		62,100.		•		0.
Total number of individuals (including but compensation from the organization	not limited to	thos	e list	ed a	abov	ve) w	/ho i	received more than \$10	0,000 in reportable			0
3 Did the organization list any former office	r. director or tr	uste	e, ke	ey ei	mple	oyee	e, or	highest compensated e	mployee on		Yes	No
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	such individua	a/	 .							3		X _
and related organizations greater than \$1 5 Did any person listed on line 1a receive or	50,000? If "Ye	s, " c	omp	lete	Scl	hedu	ıle J	for such individual		. 4	1:	X
the organization? If "Yes," complete Sche	edule J for suci	n per	rson				<u></u>			5		Х
Complete this table for your five highest of the organization. NONE	compensated i	ndep	end	lent	con	ntrac	tors	that received more than	n \$100,000 of compe	nsatio	n from	
(A) Name and busines	ss address							(B) Description of	services		(C) ensatio	on
												
												<u>,</u>
										<u>.</u>		
Total number of independent contractors \$100,000 in compensation from the organical contractors.		not	limit	ed t	to th	nose 0	liste	ed above) who received	more than		4.5.5	
\$100,000 m 00ponoano										For	m 990	(2009)

94-3331010 Page 9 INC. JUSTGIVE, Form 990 (2009) Statement of Revenue Part VIII (D) Revenue (C) (B) (A) Unrelated Total revenue Related or excluded from business tax under sections 512, exempt function revenue revenue 513, or 514 1a Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 27,639,712 similar amounts not included above 52,646. g Noncash contributions included in lines 1a-1f: \$_ 27,639,712 h Total. Add lines 1a-1f Business Code 469,192 469,192. CORPORATE LICENSING FE 541800 Program Service Revenue 266,244. 266,244. 900099 UNREDEEMED GIFT CERTIF 126,030. 541519 126,030. SITE SET-UP & DEV. FEE All other program service revenue 861,466. Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,028. 4,028 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ii) Personal (i) Real 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 50,638. assets other than inventory **b** Less: cost or other basis 51,995 and sales expenses c Gain or (loss) -1,357 -1,357 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 4,028. 860,109. 28 503 849. Total revenue. See instructions. 12 Form **990** (2009) 932009 02-04-10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section פיזור) און All other organizations must compl	ete column (A) but are	not required to complete an	te columns (B), (C), and (D).
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		25 242 121	. "	
	organizations in the U.S. See Part IV, line 21	26,842,131.	26,842,131.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	67,290.	6,729.	6,729.	53,832.
	trustees, and key employees	07,230.	0,1231	,	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	567,270.	502,375.	60,961.	3,934.
7	Other salaries and wages	50772700			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
•	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	33,942.	30,611.	2,785.	546.
9	Other employee benefits	54,191.	43,933.	5,509.	4,749.
10	Payroll taxes Fees for services (non-employees):				
11	Management				
a	Legal				
b	Accounting	33,878.	9,434.	24,444.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion		64 006	C 100	2,755.
13	Office expenses	70,159.	61,206.	6,198.	2,755.
14	Information technology				
15	Royalties	05 000	20 452	3,150.	1,400.
16	Occupancy	35,003.	30,453.	418.	186.
17	Travel	4,644.	4,040.	410.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	36,149.	34,468.	1,164.	517.
22	Depreciation, depletion, and amortization	30,1430	02/200		
23	Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled	N			
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	MEDCINE MODINGACTION COS	494,407.			494,257.
b	OMITED DEOFECTIONAL FEES	86,056.		6,122.	
C	T TORNORS AND DERMITS	57,367.			<u> </u>
d	MADEETING	52,796.		20 470	52,796.
€	DAD DERT EXPENSE	32,479.		32,479.	
f		57,272.		6,089.	614,972.
2 5	Total functional expenses. Add lines 1 through 24f	28,525,034.	27,754,014.	156,048.	014,914.
26	Joint costs. Check here if following			1	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009)
9320	10 02-04-10				Form 330 (2009)

Form	990 (2	JUSTGIVE, INC.					3331010 Tago 11
Par	t X	Balance Sheet					(B)
					(A) Beginning of year		End of year
	1	Cash - non-interest-bearing			1 000 177	_1	2 216 642
	2	Savings and temporary cash investments			1,388,177.	2	3,216,643.
	3	Pledges and grants receivable, net		88,210.	3		
	4	Accounts receivable, net	110,459.	4	526,385.		
	5	Receivables from current and former officers, di		·			
		employees, and highest compensated employee	es. Comp	lete Part II			
		of Schedule L		5			
	6	Receivables from other disqualified persons (as	*				
		4958(f)(1)) and persons described in section 495		_			
		Part II of Schedule L				6	
Ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			14 116	8	11,408.
	9	Prepaid expenses and deferred charges			14,116.	9	11, 100.
	10a	Land, buildings, and equipment: cost or other	1 1	200 024			
		basis. Complete Part VI of Schedule D	10a	328,934. 262,351.	77 017	40	66,583.
	b	Less: accumulated depreciation			77,917.	10c	00,3031
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12 13			
	13	Investments - program-related. See Part IV, line		14			
	14	Intangible assets		4,797.	15	2,897.	
	15	Other assets. See Part IV, line 11			1,683,676.	16	3,980,307.
	16	Total assets. Add lines 1 through 15 (must equ			37,190.	17	85,479.
	17	Accounts payable and accrued expenses		962,920.	18	3,181,004.	
	18	Grants payable			302/3241	19	
	19	Deferred revenue				20	
	20	Tax-exempt bond liabilities		f Cabadula D		21	
es	21	Escrow or custodiał account liability. Complete	ra tructo	os key employees			
ij	22	Payables to current and former officers, director highest compensated employees, and disquality	iod pared	ons Complete Part II			
Liabilities		-				22	
		of Schedule L Secured mortgages and notes payable to unre				23	
	23	Unsecured notes and loans payable to unrelate				24	
	24	Other liabilities. Complete Part X of Schedule D				25	
	25 26	Total liabilities Add lines 17 through 25			1,000,110.	26	3,266,483.
	120	Organizations that follow SFAS 117, check h	ere 🕨	X and complete	17		
ý		lines 27 through 29, and lines 33 and 34.					600 004
ဦ	27	Unrestricted net assets			683,566.	+	698,824.
ala	28	Temporarily restricted net assets				28	15,000.
D D	29					29	
필	ļ	Organizations that do not follow SFAS 117,	check he	ere 🕨 🔛 and	No. Jan		
<u></u>	1	complete lines 30 through 34.					,
ets	30	Capital stock or trust principal, or current fund				30	
\ss(31	Paid-in or capital surplus, or land, building, or e	quipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated i			683,566	32	713,824.
Z	33	Total net assets or fund balances			1,683,676		0 000 000
	34	Total liabilities and net assets/fund balances			1,000,070	1 34	Form 990 (2009)

Form	990 (2009) 0031G1V13, 11101			
Par	rt XI Financial Statements and Reporting		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other Other Other Other	. :	42	
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	2a 2b	Х	Х
b	Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			x
	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit are cutlific explain why in Schedule O and describe any steps taken to undergo such audits.	3a 3b		
	of addits, explain with in contoducto and additional additional and additional additional and additional	Form	990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

20047

Open to Public Inspection

Employer identification number Name of the organization 94-3331010 JUSTGIVE, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ___ Type III - Other c Type III - Functionally integrated **b** L____ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (ii) EIN organizátion in col (i) Name of supported (i) organized in the U.S.? organization n col. (i) listed in your organization in col. support organization (described on lines 1-9 (i) of your support? governing document? above or IRC section No Yes (see instructions)) No Yes Yes

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 JUSTGIVE, INC. 94-33310 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	tion A. Public Support					- () 0 0 0 1	(6) Total
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and		ļ	ļ		ļ	
	membership fees received. (Do not		15 150 010	06 400 011	20,463,447.	27,639,712.	110,259,560.
	include any "unusual grants.")	17,497,572.	18,160,018.	26,498,811.	20,403,447.	2,,002,,20,	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		10 150 010	26 409 911	20,463,447.	27,639,712.	110,259,560.
4	Total. Add lines 1 through 3	17,497,572.	18,160,018.	26,498,811.	20,403,447.	27,033,712,	
5	The portion of total contributions		1.0				
	by each person (other than a	- A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	governmental unit or publicly						
	supported organization) included					en en en en en en en en en en en en en e	
	on line 1 that exceeds 2% of the		· • • • • • • • • • • • • • • • • • • •				
	amount shown on line 11,			** A		1 11 11 11 11	
	column (f)			<u> </u>			110,259,560.
	Public support. Subtract line 5 from line 4.	1,4					110,233,300.
Sec	ction B. Total Support				(0.0000	(2) 0000	(f) Total
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	110,259,560.
	Amounts from line 4	17,497,572.	18,160,018.	26,498,811.	20,463,447.	27,639,712.	110,233,300.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			62.005	17 710	4 020	148,882.
	and income from similar sources	19,840.	43,377.	63,925.	17,712.	4,020.	140,002.
9	Net income from unrelated business						
	activities, whether or not the]
	business is regularly carried on						
10	Other income. Do not include gain					}	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						110 409 442
11	Total support. Add lines 7 through 10				<u> </u>	,	110,408,442
12	Gross receipts from related activities	, etc. (see instruct	ions)			L:	1,013,101.
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	<u> </u>
	organization, check this box and sto	p here					▶ 🖳
Se	ction C. Computation of Pub	lic Support Pe	rcentage				99.87 %
14	Public support percentage for 2009 ((line 6, column (f) c	livided by line 11,	column (f))		14	99.87 %
15	Public support percentage from 2008	8 Schedule A, Part	t II, line 14		44:-004/00/	nore check this h	
16	33 1/3% support test - 2009. If the c	organization did no	t check the box o	n line 13, and line	14 IS 33 1/3% OF F	HOTE, CHECK THIS D	ox and ►X
	stop here. The organization qualifies	as a publicly supp	ported organization	n	1 lime 45 in 00 4 /00	f or more check t	
1	33 1/3% support test - 2008. If the c	organization did no	ot check a box on l	ine 13 or 16a, and	ı iiile 15 is 33 1/3%	or more, check t	▶ □
	and stop here. The organization qua	lifies as a publicly	supported organiz	auon	0 12 160 or 16h	and line 14 is 10%	or more.
17:	a 10% -facts-and-circumstances tes	st - 2009.If the org	anization did not o	chieck a box on lin	e 10, 10a, 01 100, here Evolain in Dr	art IV how the orga	inization
	and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	unis dox and stop	ad organization	21 1 1 1 1 1 0 1 4 1 1 1 0 0 1 g c	>
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	publicly support	o 12 160 16h or	17a and line 15 is	10% or
ļ	10% -facts-and-circumstances tes	st - 2008.If the org	janization did not d	check a box on lin	e io, ioa, iou, or	in in Part IV how th	. 570 Si
	more, and if the organization meets t	the "facts-and-circ	umstances" test, c	neck this box and	u stop nere. Explai	ni ni Farriv now u ranization	
	organization meets the "facts-and-cir	rcumstances" test	. The organization	qualities as a pub	niciy supported org	and sociostruction	ne
18	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 16b, 17a, or 17	D, CHECK THIS DOX	and see instruction	0 or 990-EZ) 2009
					Scn	ledule A (FOIIII 98	O O 990-LZ, 2008

Schedule A (Form 990 or 990-EZ) 2009			Section 500(a)	(2) (0)	if you shooked the bo	Page 3
Part III Support Schedule for Or	ganizations i	Jescribed in a	section 509(a)	(2) (Complete only	ii you checked the bo	X OIT TIME 5 OF T GIVE
Section A. Public Support	·	Т	(-) 0007	(d) 2008	(e) 2009	(f) Total
calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(u) 2008	(0) 2000	
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support					1	(0 T-4-1
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)					<u>. L</u>	
14 First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) organ	ization,
check this hox and stop here						_
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2009 (ine 8, column (f) o	divided by line 13,	column (f))		15	
16 Public support percentage from 2008	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves	stment Incon	ne Percentage	<u> </u>			
17 Investment income percentage for 20	09 (line 10c, colu	mn (f) divided by l	ine 13, column (f))		17	

	line 18 is not more triain 33 1/3/0, check this box and stop the state of the state	1 1	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<u></u>	-
	Schodulo A (Form 990 or 990-F7)	1 200	¢

18 Investment income percentage from 2008 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TUSTGIVE INC.

Employer identification number 94-3331010

	JUSTGIVE, INC.	E I o Other Circiles Freedom	r Accounts Complete if the
Par		Funds or Other Similar Funds of	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	S	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>	0.
	Aggregate contributions to (during year)	27,495,166.	0.
	Aggregate grants from (during year)	2/,495,10 <u>0·</u>	
	Aggregate value at end of year	2,919,071.	
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor advised	funds
·	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes NO
6	Did the organization inform all grantees, donors, and donor ad-	visors in writing that grant funds can be use	ed only
•	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nterring
	impermissible private benefit?		A Tes INO
Par		nization answered "Yes" to Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all th <u>at a</u> pply).	
•	Preservation of land for public use (e.g., recreation or ple	easure) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
	Number of conservation easements included in (c) acquired at	fter 8/17/06	2d
d	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
3	_	acou, on any and any any and any any any any any any any any any any	-
	year ► Number of states where property subject to conservation ease	ement is located	
4	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it	holds?	Yes No
_	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements duri	
6	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during th	ne year ▶ \$
7	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h))(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?		
_	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
9	include, if applicable, the text of the footnote to the organization	on's financial statements that describes th	e organization's accounting for
	and the company		
Da	conservation easements. rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
Га	Complete if the organization answered "Yes" to Form S	990, Part IV, line 8.	
	Complete it are organized		
10	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and bala	ance sheet works of art, historical
Ia	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publi	ic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	tems.	
L	If the organization elected, as permitted under SFAS 116, to r	report in its revenue statement and balance	e sheet works of art, historical treasures,
D	or other similar assets held for public exhibition, education, or	r research in furtherance of public service,	provide the following amounts relating to
		,	
	these items: (i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treatments	seures, or other similar assets for financial o	gain, provide
2	If the organization received or held works of art, historical trea	16 rolating to these items:	y ,
	the following amounts required to be reported under SFAS 1		> \$
а	Revenues included in Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X		• •

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	III Organizations Maintaining Co	llections of Ar	t. Histo	rical Tre	asures, or (Other	Similar A	Asset	S (continu	ied)
Part	Jsing the organization's acquisition, accession	and other records	check:	nv of the f	ollowing that ar	e a sigr	nificant use	of its o	ollection i	tems
		i, and other records	, on ook e	, 551	.	J				
	check all that apply):	А		an or exch	ange programs	;				
a	Public exhibition	٠ -								
b	Scholarly research	Č								
С	Preservation for future generations Provide a description of the organization's coll	ections and explain	how the	v further th	ne organization's	s exem	ot purpose	in Part	XIV.	
4	Provide a description of the organization solicit or of the province the year, did the organization solicit or	receive donations o	of art. hist	orical treas	sures, or other s	imilar a	ssets		_	
5	During the year, did the organization solicit or to be sold to raise funds rather than to be main	atained as part of the	ne organi	zation's co	llection?				Yes	No
		ements Comple	te if orga	nization an	swered "Yes" to	o Form	990, Part I	V, line 9	or or	
Parl	reported an amount on Form 990, Part	X line 21.	ic ii oiga	medion an						
	s the organization an agent, trustee, custodia	or other intermed	iany for co	ontribution	s or other asset	s not in	cluded			
1a	s the organization an agent, trustee, custodia	n or other intermed	ialy lol o	STRIBUTION.	0 0. 0				Yes	☐ No
	on Form 990, Part X?		llowing ta	hla						
b	If "Yes," explain the arrangement in Part XIV a	na complete the lo	ilowing ta	ibie.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount	
							1c			
С	Beginning balance									
d	Additions during the year						1			
е	Distributions during the year									
f	Ending balance		010						Yes	No
	Did the organization include an amount on Fo	rm 990, Part X, line	217							
_	If "Yes," explain the arrangement in Part XIV.	Al	oword "	Vec" to Eo	rm 990 Part IV	line 10				
Par	t V Endowment Funds. Complete if				(c) Two years b	ack (c	1) Three vear	s back	(e) Four y	ears back
	-	(a) Current year	(a) Pr	ior year	(C) Two yours is	AUGH 10	2, 1		12/	-:
1a	Beginning of year balance				35		Ja Y y			
	Contributions				28 4			142	1	
c	Net investment earnings, gains, and losses						:,			
d	Grants or scholarships							1 60	-	
е	Other expenditures for facilities									
	and programs						· · · · · · · · · · · · · · · · · · ·	· .		
f	Administrative expenses					-+				· · · · · · · · · · · · · · · · · · ·
g	End of year balance			 						· · · · · · · · · · · · · · · · · · ·
2	Provide the estimated percentage of the year									
	Board designated or quasi-endowment > _		_%							
b	Permanent endowment >									
С	Term endowment ▶					.1.6		ion		
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held a	and administere	a for th	e organizat	ION	Г	Yes No
	by:								3a(i)	163 110
	(i) unrelated organizations									
	(ii) related organizations								3a(ii) 3b	
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sched	ule R?					. <u> 30 </u>	
4	Describe in Part XIV the intended uses of the	organization's end	owment 1	unds.	2 D 1 V 15 10					
Pa	t VI Investments - Land, Building							-	(d) Book	value
	Description of investment	(a) Cost or o basis (invest			t or other (other)		cumulated reciation		(u) BOOK	value
1a	Land									
b	Buildings									
С	Leasehold improvements				-0 00		46,39	$\overline{}$	1/	1,478.
d	Equipment				50,868.				<u></u>	2,105.
۵	Other				58,066.		15,96	- : -		$\frac{2,103}{5,583}$
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Par	t X, colun	nn (B), line	10(c).)				00	., ., 0

Schedule D (Form 990) 2009

(a) Description of security or category	(b) Book value	Cost	c) Method of valuation: or end-of-year market value	
(including name of security)			or one or your manner	
ncial derivatives				
sely-held equity interests				
er				
		<u> </u>		
				· · · · · · · · · · · · · · · · · · ·
200 0 14 14 140 15 140 1				
al. (Col (b) must equal Form 990, Part X, col (B) line 12.)	O. F OOO Part V line	10		
art VIII Investments - Program Related.	See Form 990, Part X, line	13.	(c) Method of valuation:	
(a) Description of investment type	(b) Book value		or end-of-year market value	
				.,,,
000 D. IV and (D) line 12)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)	no 15			
Part IX Other Assets. See Form 990, Part X, I	(a) Description		(b) B	ook value
	,u) Bosonphon			
				-,
A L. (Octubro (b) must equal Form 990. Part X. col (R)	line 15)		>	
otal. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		>	
Part X Other Liabilities. See Form 990, Part	line 15.) X, line 25.	(b) Amount	>	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15.) : X, line 25.		>	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15.) : X, line 25.			
Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15.) : X, line 25.			
Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15.) : X, line 25.			
Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15.) : X, line 25.			
Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15.) : X, line 25.			
Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15.)			
Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15.)			
Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15.) X, line 25.			
Part X Other Liabilities. See Form 990, Part	line 15.) t X, line 25.			

uncertain tax positions under FIN 48. 932053 02-01-10

94-3331010 Page 4 JUSTGIVE, INC. Schedule D (Form 990) 2009 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 28,503,849. Total revenue (Form 990, Part VIII, column (A), line 12) 28,525,034. Total expenses (Form 990, Part IX, column (A), line 25) 2 -21,185.3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 6 Investment expenses 6 Prior period adjustments 51,443. Other (Describe in Part XIV.) 51,443. 9 Total adjustments (net). Add lines 4 through 8 30,258. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 28,683,714. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 179,865. 2b b Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIV.) 179,865. 2e e Add lines 2a through 2d 28,503,849. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV.) 4c c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 28,704,899. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 179,865 2a a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIV.) 179,865. e Add lines 2a through 2d 28,525,034. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 8 - OTHER ADJUSTMENTS: CASH & PROPERTY RECEIVED IN MERGER WITH I DO FOUNDATION

Schedule D (Form 990) 2009

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Attach to Form 990. JUSTGIVE, Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

OMB No. 1545-0047	2009	Open to Public

Schedule I (Form 990) 2009 866. <u>2</u> Employer identification number 94-3331010 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 (d) Amount of 3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. cash grant (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (**p**) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government SEE ATTACHED DETAIL Part I PartII

94-3331010 JUSTGIVE,

Page 2

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THEREFORE, THERE IS NO THE DONOR ADVISED FUND MAKES GRANTS TO THE ORGANIZATION (d) Amount of non-cash assistance (c) Amount of cash grant ΒY THE USE OF THE FUNDS CHARITIES BASED ON DESIGNATIONS OF THE DONOR. (b) Number of recipients 2: LINE SUBSEQUENT MONITORING OF (a) Type of grant or assistance Η PART Schedule I (Form 990) 2009 H SCHEDULE Part III

(Form 990)

Schedule I

EIN: 94-3331010

(8)

€

(e) Non-

American Red Cross

Schedule 1 (Form 990)

2009 EIN: 94-3331010

(g)

£

(e) Non-

(c) IRC

			1				Cocinination	(h) Durance
1(a) Name	Address	(b) EIN	section	(d) Cash Grant	rasu	5	iond incer	
Gaylord Hospital Inc	Po Box 400 ATTN: DONATIONS Wallingford, CT 06492	06-0646649	501(c)3	10,000.00	n/a	n/a	n/a	Pass-through contribution
Now Capaba Country Critical Inc.	Po Box 997 ATTN: DONATIONS New Canaan, CT 06840	06-0646765	501(c)3	10,150.00	n/a	n/a	e/u	Pass-through contribution
New Calibration of the Country School Inc.	P.O. Box 2038 New Haven CT 06521	06-0646973	501(c)3	10,475.92	n/a	n/a	n/a	Pass-through contribution
Tale University	One Nahim Dr. Hartford, CT 06112	06-0678537	501(c)3	5,674.87	n/a	n/a	u/a	Pass-through contribution
Boys and Gills Clabs of Half Cold	54 Wilton Rd Westnort (T 06880	06-0726487	501(c)3	99,421.70	n/a	n/a	e/u	Pass-through contribution
Save The Children's education, men	246 Chanel St El 4 New Haven CT 06510	06-0848949	501(c)3	9,700.00	n/a	n/a	n/a	Pass-through contribution
Toutin Continualii inc	88 Hamilton Ave Stamford (T 06902	06-1008595	501(c)3	33,182.47	n/a	n/a	n/a	Pass-through contribution
Americales roundation, inc.	Po Rox 8686 New Haven, CT 06531	06-1063025	501(c)3	12,711.85	n/a	n/a	n/a	Pass-through contribution
Connecticut Food Ballk, Ilic.	Do Box 139 New Milford CT 06776	06-1172388	501(c)3	9,273.20	n/a	n/a	n/a	Pass-through contribution
Healing The Children Not theast, Ille.	322 Fighth Avenue 14th Floor New York. NY 10001	06-1517218	501(c)3	12,926.12	n/a	п/а	n/a	Pass-through contribution
Young Womens Leadership Fouridation	Olin Way AAb-314 ATTN: DONATIONS Needham. MA 02492	06-1519057	501(c)3	11,241.25	n/a	n/a	n/a	Pass-through contribution
Franklin W Olin College Of Engineering in	Office Box 8477 Now Haven CT 06530	06-1539280	501(c)3	9,415.79	n/a	n/a	e/u	Pass-through contribution
All Our Kin Inc	FO BOX 6417 INEW HIGNETICE DODGE FOR What Aboth Stroot New York NY 10019	11-1631711	501(c)3	5,370.65	n/a	n/a	n/a	Pass-through contribution
American Red Cross in Greater New York	520 West 49th Street New Tork, NT 10013	11-1635089	501(c)3	7,352.60	n/a	n/a	n/a	Pass-through contribution
Mercyfirst	5.25 Convent Ka Syosset, N1 11/91	11-2632109	501(r)3	12 070.03	n/a	n/a	n/a	Pass-through contribution
Neighbors Together Corp	2094 Fulton St. Brooklyn, NY 11233	11 2645641	501(c)3	6 644 90	, e/c	e/u	n/a	Pass-through contribution
Make-a-wish Foundation Of Metro New York,	1111 Marcus Ave. Suite LIZ2 Lake Success, NY 11042	11-2043041	501(2)2	6,643,93	s/:	e/u	n/a	Pass-through contribution
Chai-life Line Dba Chai Lifeline Inc	151 W 30th St Third Fl New York, NY 10001	11-2940551	501(5)3	90 778 72	5/5	e/u	e/u	Pass-through contribution
Fisher House Foundation, Inc.	111 Rockville Pk Ste 420 Rockville, MD 20850	11-5158401	501(5)3	04,047.00	2/1	e/u	e/u	Pass-through contribution
Songs Of Love Foundation	Po Box 750809 Forest Hills, NY 11375	11-3314191	501(c)3	10,000.00	p /:	8/1	0/5	Desc-through contribution
Environmental Defense Fund Incorporated	257 Park Ave S New York, NY 10010	11-6107128	501(c)3	10,829.28	e /u	11/d	p/11	pace through contribution
United Service Organizations, Inc. (uso W	2111 Wilson Blvd. Suite 1200 Arlington, VA 22201	13-1610451	501(c)3	22,597.28	e/u	e/u	p/11	Poor through contribution
American Society For The Prevention Of Cr	520 Eighth Avenue, 7th Floor New York, NY 10018	13-1623829	501(c)3	38,045.15	e/u	e/u	P/U	Pass-till ough contribution
Trustees Of The Congregation Shearith Isr	8 West 70th Street New York, NY 10023	13-1623870	501(c)3	5,357.50	e/u	n/a ,	n/u	Pass-till ough contribution
American Dishetes Association Inc	1701 N Beauregard St Alexandria, VA 22311	13-1623888	501(c)3	19,047.11	n/a	n/a	n/a	Pass-Inrough contribution
Americal Diabetes Association, me	8260 Willow Oaks Corporate Dr Fairfax.VA 22031	13-1624241	501(c)3	12,905.34	n/a	n/a	n/a	Pass-through contribution
American Line Americation	61 Broadway New York NY 10006	13-1632524	501(c)3	5,881.21	n/a	n/a	n/a	Pass-through contribution
American Lung Association	260 W 78th St New York:NY 10024 ATTN: DONATIONS	13-1634966	501(c)3	21,607.00	n/a	n/a	n/a	Pass-through contribution
Collegiate School Inc.	434 West 33rd St New York: NY 10001	13-1644147	501(c)3	30,325.84	n/a	n/a	n/a	Pass-through contribution
Planned Parenthood Federation Of America,	434 West 33td 3t New Tork NY 10012	13-1656634	501(c)3	9,336.59	n/a	n/a	n/a	Pass-through contribution
American Jewish Joint Distribution Commit	/11 Iffice Ave 10th Flinew York NY 10017	13-1656653	501(c)3	8,263.35	n/a	n/a	n/a	Pass-through contribution
Fresh Air Fund	633 IIIII AVE 14tii Filom 1016, 11 1001, 42 5 4 60th St Att: Mitchel Rosenz Weiß New York NY 10021	13-1659627	501(c)3	16,583.26	n/a	e/u	n/a	Pass-through contribution
Jewish National Fund -keren Kayemeth Lels	42 East 09th of Att. Mitchel Nosciiž weiß incw 1015, in 1005.	13-1664054	501(c)3	27,059.81	n/a	n/a	n/a	Pass-through contribution
Philharmonic-symphony Society Of New York	10 Lincoln certer riz Avery Histori Ivan Pony 20025	13-1665552	501(c)3	10,400.87	n/a	n/a	n/a	Pass-through contribution
Muscular Dystropny Association	2113 Citabilian Noad June 100 Citatem Obs. 122	13-1683279	501(c)3	5,310.19	n/a	n/a	n/a	Pass-through contribution
Joi International, Inc. Upa Jewish Braill	151 Filis CF No Atlanta GA 30303	13-1685039	501(c)3	63,055.84	n/a	n/a	n/a	Pass-through contribution
Cooperative For Assistance And Relie! Eve	200 Expect Ave ATTN: Leslie Danish Rve NY 10580	13-1740225	501(c)3	6,321.49	n/a	n/a	n/a	Pass-through contribution
Community synagogue	200 Most 246th Street ATTN: DONATIONS Bronx: NY 10471	13-1740455	501(c)3	5,376.25	n/a	n/a	n/a	Pass-through contribution
Horace Mann School	231 West 24bill street ATTN: Commons 5: 000, 100 at	13-1760110	501(c)3	106,246.85	n/a	n/a	n/a	Pass-through contribution
United States Fund For Onice	250 Williams Street Atlanta GA 30303	13-1788491	501(c)3	62,801.23	n/a	n/a	n/a	Pass-through contribution
American Cancer Society, Inc.	352 Seventh Avenue, Suite 400 New York, NY 10001	13-1790719	501(c)3	9,397.92	n/a	n/a	n/a	Pass-through contribution
Americal riterios of Magest David Adom	605 Third Avenue New York.NY 10158	13-1818723	501(c)3	5,450.80	n/a	n/a	e/u	Pass-through contribution
Cancer Research Institute Inc	One Exchange Plaza, 55 Broadway Sui te 1802 New York,NY 10006	13-1837442	501(c)3	6,572.70	e/u	n/a	n/a	Pass-through contribution
March Of Dimes Foundation	3222 W Overland Boise, ID 83705	13-1846366	501(c)3	20,124.51	n/a	n/a	n/a	Pass-through contribution
Vocational Foundation Inc.	52 Broadway 6th Floor New York, NY 10004	13-1878246	501(c)3	5,141.00	n/a	n/a	n/a	Pass-through contribution
Cyctic Eibrosis Foundation Headquarters	6931 Arlington Rd Bethesda, MD 20814	13-1930701	501(c)3	5,483.43	n/a	n/a	n/a	Pass-through contribution
United Way Of Westchester And Putnam. Inc	336 Central Park Ave White Plains, NY 10606	13-1997636	501(c)3	10,092.50	n/a	n/a	n/a	Pass-through contribution
Cor Artelink Inc	435 Hudson St 8 Fl New York, NY 10014	13-2531695	501(c)3	14,579.32	e/u	n/a	n/a	Pass-through contribution
Action International	56 Roland Street, Suite 300 Boston, MA 02129	13-2535763	501(c)3	8,434.20	e/u	n/a	n/a	Pass-through contribution
Accion menanonal	P.o. Box 17061 Baltimore.MD 21298	13-2574963	501(c)3	12,888.81	n/a	n/a	n/a	Pass-through contribution
lewish Association For Services For The A	132 W 31 St 10th Fir New York, NY 10001	13-2620896	501(c)3	8,352.67	n/a	e/u	n/a	Pass-through contribution
Planned Parenthood Of New York City, Inc.	26 Bleecker St New York,NY 10012	13-2621497	501(c)3	5,682.59	n/a	e/u	n/a	Pass-through contribution
Technoserve Inc	1800 M Street, Nw Suite 1066, South Tower Washington, DC 20036	13-2626135		5,238.65	n/a	n/a	n/a	Pass-through contribution
Natural Resources Defense Council, Inc.	40 West 20th Street New York, NY 10011	13-2654926			e/u	n/a (-	n/a	Pass-through contribution
Village Community School	272 West 10th Street ATTN: DONATIONS New York, NY 10014	13-2663331	501(c)3	m	e/u	n/a	e/u	Pass-through contribution
Christian Missions In Many Lands	Po Box 13 Spring Lake,NJ 07762	13-2688413	501(c)3	05.758,5	e/u	a /=	3 -	Fore the oder

2009 EIN: 94-3331010

(Form 990)	JustGive, Inc.		(c) IRC		(e) Non-	€	(8)	EIN: 94-3331010
ome(N (c)t	Address	(p) EIN	section	(d) Cash Grant	Cash	Valuation	Description	
דומו ואמוווב	ACT Eight Avonus New York NY 10001	13-2725416	501(c)3	13,206.68	n/a	n/a	n/a	Pass-through contribution
Covenant House	461 EIBII AVEIIUE NEW TOLK, WILL 10001	13-2855641	501(c)3	20,673.61	n/a	n/a	n/a	Pass-through contribution
Asian American Legal Detense And Educatio	33 Fuddoli ol Izlii i ivew Torkii Idozo 33 Genet Jones Ct 6th Eloci New York NY 10012	13-2874863	501(c)3	6,907.37	e/u	n/a	n/a	Pass-through contribution
Fig. Theater Company, Inc. Doa Ping Citorig	250 Eifth Ave 24th El New York NY 10118	13-2875808	501(c)3	9,143.37	n/a	n/a	n/a	Pass-through contribution
Human Rights Watch, Inc.	Do Roy 1428 Alexandria VA 22313	13-2923701	501(c)3	12,279.13	n/a	n/a	n/a	Pass-through contribution
Salvation Army world service Office	6 W 48th St El 12 New York NY 10036	13-3018822	501(c)3	25,865.05	n/a	n/a	n/a	Pass-through contribution
Asian Cultural Country, Inc.	14 F 60th St 8th El New York NY 10022	13-3022855	501(c)3	5,634.91	n/a	n/a	n/a	Pass-through contribution
Central Fark Conservancy, Inc.	225 N. Michigan Avenue 17th Fl Chicago, IL 60601	13-3039601	501(c)3	17,999.08	n/a	n/a	n/a	Pass-through contribution
Algheither 5 Disease And herared Disoracis	129 Fulton St New York, NY 10038	13-3072967	501(c)3	11,714.44	n/a	n/a	n/a	Pass-through contribution
Apprecia Coundation Inc.	547 W 27th St El 4 New York.NY 10001	13-3120824	501(c)3	9,991.75	n/a	n/a	n/a	Pass-through contribution
Aperture Foundation inc	350 Eifth Ave 20th El St 2011 New York NY 10118	13-3156445	501(c)3	5,365.69	n/a	n/a	n/a	Pass-through contribution
Friends Of the Israel Defense Forces	330 FILL AVE 2011 1131 2011 1101 1101 1101 1101 1101	13-3163817	501(c)3	10,020.36	n/a	n/a	n/a	Pass-through contribution
The Foundation For Aids Research	120 Wall St 13th Finew Tolk, M. 10003	13-3170676	501(c)3	37,141.19	n/a	n/a	n/a	Pass-through contribution
City Harvest, Inc.	3/3 Eighti Ave 4th Floor New Torkin Tooto	13-3176586	501(c)3	5,000.00	n/a	n/a	n/a	Pass-through contribution
Neighborhood Coalition For Shelter, Inc.	15/ E SOUTH ST. NEW TOTK, NT 10026	13-3179546	501(c)3	24,401.69	u/a	n/a	n/a	Pass-through contribution
Food Bank For New York City Food For Surv	33 Broadway Louil ribot New York NY 10013	13-3202043	501(c)3	22,092.50	n/a	n/a	n/a	Pass-through contribution
Lawyers For Children, Inc.	IIIU Larayette St, Still Flooi New Tolk, NY 11106	13-3214627	501(c)3	23,834.57	n/a	n/a	n/a	Pass-through contribution
Legal Outreach Inc	36-14 35th Street Long Island City, Nr 11100	13-3240109	501(c)3	24,633.91	n/a	n/a	u/a	Pass-through contribution
Finca International, Inc.	TIOT 14th STINW 11th FI WASHINGTON, DC 20003	13-3768549	501(c)3	8.624.27	n/a	n/a	e/u	Pass-through contribution
Ringside, Inc.	51 N. 1st Street Brooklyn, NY 11211	13-3271855	501(c)3	5,653.29	n/a	n/a	n/a	Pass-through contribution
Amyotrophic Lateral Sclerosis Association	Z/UUI Agoura Road Suite 250 Calabasas minis, CA 31301-3104	13.337770	501(c)3	15,442.50	e/u	n/a	n/a	Pass-through contribution
Action Against Hunger Usa	3	13-3343008	501(r)3	45.471.66	n/a	n/a	n/a	Pass-through contribution
Ps 87 Pa Inc	150 W /8th St New York,NY 10024	13-3366846	501(c)3	17,229.12	n/a	n/a	n/a	Pass-through contribution
God's Love We Deliver, Inc.	166 Avenue Of the Americas New York, NY 10013	13-3384027	501(c)3	6,330.18	n/a	n/a	n/a	Pass-through contribution
Gay and Lesbian Alliance Against Defamati	5455 WIISHIFE BIVE SIE 1300 LOS Aligeies, CA 30030	13-3412540	501(c)3	10,839.35	n/a	e/u	n/a	Pass-through contribution
Doe Fund, Inc.	23.2 East 84th Street New York, NY 10028	13.3433457	501(c)3	588,591.20	n/a	n/a	n/a	Pass-through contribution
Doctors Without Borders Usa Inc	333 Seventh Ave, 2nd Floor New York, NY 10001	13-3441066	501(c)3	11,221.41	n/a	n/a	u/a	Pass-through contribution
Robin Hood Foundation	826 Broadway / In Pi New Tolk, NY 10005	13-3555378	501(c)3	6,182.69	n/a	n/a	u/a	Pass-through contribution
Redeemer Presbyterian Church Of New York	1359 Broadway Fl 4 NeW York, INY 10016	13-3556715	501(c)3	11,237.50	n/a	n/a	n/a	Pass-through contribution
Abraham Fund, Inc.	SE 4510 SE / LIFTON NEW TOTA, TOOL/	13-3590026	501(c)3	29,642.12	n/a	n/a	n/a	Pass-through contribution
American Friends Of Shalva Israel	315 FITTH AVE BUT IT NEW TOLK, NT 10010	13-3615529	501(c)3	18,983.67	n/a	n/a	n/a	Pass-through contribution
American Cancer Society Foundation	105 Examination Ave. Guite # 201 Earmington (T 6032	13-3626299	501(c)3	47,400.00	n/a	n/a	n/a	Pass-through contribution
INIKAN KHAN CANCER APPEAL IK	255 Levington Ave 3rd Fl New York NY 10017	13-3634381	501(c)3	30,557.86	n/a	n/a	n/a	Pass-through contribution
Citymeals-on-wheels	41 Madison Ave 28th Floor New York, NY 10010	13-3661416	501(c)3	2	e/u	n/a	n/a	Pass-through contribution
Smile If all () Inc.	245 West 38th Street 4th Floor New York, NY 10018	13-3700857	501(c)3		n/a	n/a	n/a	Pass-through contribution
Vascal Moult Dailer Lifeaur, III.	106 Towerview Court Cary, NC 27513	13-3705951	501(c)3	5,263.75	n/a	n/a	n/a	Pass-through contribution
kahalla Foundation Inc	515 Audubon Avenue New York, NY 10040	13-3725701			n/a	n/a	n/a ,	Pass-through contribution
The Breast Cancer Research Foundation. In	60 E 56th St 8th Fl New York, NY 10022	13-3727250			n/a	n/a	n/a	Pass-through contribution
The Mayors Find To Advance New York City	1 Centre St Rm 2358 New York, NY 10007	13-3783906		₹	n/a	e/u	e/u	Pass-through contribution
Friends Of The World Food Program	1819 L Street NW Suite 900 Washington, DC 20036	13-3843435			n/a	n/a	e/u	Pass-through continuation
Fic - A Foundation Of Donor Advised Funds	520 Eighth Ave 20th Fl New York, NY 10018	13-3848582		25	e/u	e/u	n/a	Pass-till Dugil Contribution
ETHICAL CULTURE FIELDSTON SCHOOLS	33 Central Park W New York,NY 10023	13-3862529			e/u	e/u	p/2	Pass-through contribution
Youthbridge New York, Inc.	70 West 36th St Ste 700 New York,NY 10018	13-3937355			p/u	11/4	e /c	Dace through contribution
Newyork And Presbyterian Hospital	525 E L68th St Box 156 New York, NY 10021 ATTN: DONATIONS	13-3957095			e/u	P/U	2 <u>-</u>	Pass-till odgil contribution
Worldwide Orphans	511 Valley Street Ste 200 Maplewood, NJ 07040	13-3968225		6,890.75	P/C	n/a	6/0	Pass-through contribution
Room To Grow National, Inc.		13-4012096		, ,	p /:	n/a 2/2	p/=	Pass-through contribution
TIMES SQUARE CHURCH INC	1657 BROADWAY FRNT 4 NEW YORK, NY 10019	13-4038/1/		11,/30.00	e / c	6/4	s/u	Pass-through contribution
Renaissance-ems	3251 3rd Ave Bronx,NY 10456	13-4122438		·	p /2	e/u	2/2	Pass-through contribution
Michael J Fox Foundation For Parkinsons R	Church Street Station PO Box 780 New York, NY 10008	13-4141945	501(c)3	, ,	B/11	e/u	e/u	Pass-through contribution
Acumen Fund Inc	76 Ninth Avenue, Suite 315 New York, NY 10011	13-4166228	. –		e/u	n/a	n/a	Pass-through contribution
Adaptive Design Association Inc	313 W 36th St New York, NY 10018	13-41/0232			n/a	n/a	n/a	Pass-through contribution
Sustainable Markets Foundation	Att: Jay K. Halfon 45 W 35th 5t, 6t n Floor New York,NY 10016 30 Riackstone Street Rangor MF 04401	13-4235462			n/a	n/a	n/a	Pass-through contribution
Sweatfree Communities	30 Blackstone Street bangor, wie 04401 p.o. Roy 39703 Philadelphia PA 19106	13-4336539	_	7	n/a	n/a	n/a	Pass-through contribution
The Lamp Foundation, Inc.	P.o. Box 35703 Pilitadelpilia,rA 13100 One Alm Way Greenville.SC 29601	13-5562163			n/a	n/a	n/a	Pass-through contribution
American Leprosy Missions, inc.								

Schedule I

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Schedule I (Form 990)

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Schedule I (Form 990)

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1(a) Name	Address	(D) EIN	Section	(u) casil diam.	6/0	1	6/0	Pass-thr
Crisis Center	1121 Gilbert Ct lowa City, lA 52240	42-0353332	501(c)3	6,000,00	s/u	e/u	n/a	Pass-through contribution
Des Moines Christian School	13007 Douglas Parkway ATIN: DONALIONS Urbandale, IA 50323	42-1193035	501(c)3	7 378 79	s/:	z/: u/a	e/u	Pass-through contribution
Friends Of The Animal Shelter Foundation	Po Box 1345 Iowa City, IA 5.2244	42-1484333	501(c)3	16.078.06	n/a	n/a	n/a	Pass-through contribution
Friends Peace Teams, Inc.	1001 Park Avenue St. Louis, WO 65104	42-1538738	501(c)3	9 800 88	n/a	n/a	n/a	Pass-through contribution
Pet Savers Inc	632 Dudiey Dr. ATTN: Linda I Snemweil Snrevepoli, LA 71104	42-1661464	501(c)3	8 690 56	n/a	n/a	n/a	Pass-through contribution
Community League Inc	35 James St. Newark, NJ 07102	42-1765317	501(c)3	5.073.10	n/a	n/a	n/a	Pass-through contribution
Big Sunday	/319 Beverly biva: Suite / Los Atlgetes, CA 30030	43-0652643	501(c)3	5,865.00	n/a	n/a	n/a	Pass-through contribution
Jewish Federation Of St. Louis	12 Millistotie Califors Of St. Eduis, WO 03140	43-1208665	501(c)3	5,984.82	n/a	n/a	n/a	Pass-through contribution
Harvesters-the Community Food Network	3801 Topping Ave Nations only, Mr. 04123	43-1738934	501(c)3	23,760.11	n/a	e/u	n/a	Pass-through contribution
Central Missouri Food Bank Network, Inc.	ZIOI Vandiver Drive Suite 6 Coldinista Volume 2017	43-1839464	501(c)3	14,662.50	n/a	n/a	n/a	Pass-through contribution
Aish Hatorah Of Greater St Louis Inc	45/ N Woods Mill Rd Linesterneld, MiO 6501/	43-1866948	501(c)3	20,000.00	u/a	n/a	n/a	Pass-through contribution
Bkd Foundation	901 E. St. Louis Street Springfield, IVIO 53806	43-1871946	501(c)3	36.179.06	e/u	n/a	n/a	Pass-through contribution
Micah Project Inc	/422 Whitehall Colonial Lh Saint Louis, Will BSLLY	43-1890105	501(c)3	8 000.00	u/a	n/a	n/a	Pass-through contribution
Servant Christian Community Foundation	/U6 N. Lindenwood Dr., Ste. 100 Clathe, AS books	43 7112152	501(c)3	10 116 14	, u	n/a	n/a	Pass-through contribution
Epicentre Church	133 Electric Dr Ste 200 ATTN: Brian L Fong Pasadena, CA 91103	43-2113133	501(c)3	73 819 91	s /c	n/a	e/u	Pass-through contribution
Children International	2000 E Red Bridge Rd Kansas City, MO 64131	44-6003734	501(5)	10.515.01	2/0	e/u	e/u	Pass-through contribution
Nvc Foundation	P.o. Box 3042 Seattle, WA 98114	46-0517221	501(c)5	CO.O.T.C.P.L.	2/2	e/u	e/u	Pass-through contribution
Friendship Home Of Lincoln	Po Box 85358 Lincoln, NE 68501	47-0619855	501(c)5	3,003.40	p /c	e/u	e/u	Pass-through contribution
Childrens Cancer Camps Of Nebraska	Po Box 24466 Omaha,NE 68124	47-0786778	501(5)2	10,703.34	B /C	e/u	e/u	Pass-through contribution
Journeys Within Our Community	31441 Santa Margarita Pkwy Suite A, #298 Rancho Santa Margarita, CA 92688	47-0953817	501(c)2	10,069.75	B / C	e/u	s/c	Pass-through contribution
Catholic Charities, Inc.	532 N. Broadway Street Wichita, KS 67214	48-0543/03	501(c)3	13 050 00	n /c	B/U	s/c	Pass-through contribution
Bullis Charter School Foundation	102 West Portola Ave. Los Altos, CA 94022	48-1298690	501(c/5	E 264 81	s /c	s/:-	e/u	Pass-through contribution
City On A Hill Productions Inc	13149 Middletown Industrial Blvd. Room 206 Louisville, KY 40223	48-1301649	501(0)2	2,204.61	B / C	E/C	e/u	Pass-through contribution
United Jewish Appeal - Federation Of Jewi	130 E 59th St New York, NY 10022	51-01/2429	501(c)3	35,323.30	e/u	B/II	e/u	Pass-through contribution
Boys Hope Girls Hope	National Headquarters 12120 Bridget on Square Dr Bridgeton, MU 53044	51-0162614	501(0)	CF.CCB,12	6/4	s/:	e/u	Pass-through contribution
Shia Ithna Asheri Jamaat Of New York	48-67 58 St Woodside, NY 11377	51-0166673	501(4)3	24,013.11	0/1	e/u	e/0	Pass-through contribution
Prison Fellowship International	44180 Riverside Pkwy Ste 100 Lansdowne, VA 20176	51-024/185	501(c)3	57,124.61 F 747 14	e/c	e/u	e/u	Pass-through contribution
Ashoka	1700 N. Moore St. Ste. 2000 Arlington, VA 22209	51-0255908	501(c)3	5,742.14	o /s	0/2	e/u	Pass-through contribution
Farm Sanctuary Inc	Po Box 150 Watkins Glen, NY 14891	51-0292919	501(c)3	0,434.44	e/:	e/u	e/u	Pass-through contribution
Central Asia Institute	Po Box 7209 Bozeman,MT 597/1	51-05/625/	5(2) 101	20.021,27	2/2	r/u	6/0	Pass-through contribution
Inner-city Scholarship Fund, Inc.	1011 First Ave Ste 1400 New York,NY 10022	51-0453529	501(c)2	7 342 12	o /c	e/u	n/a	Pass-through contribution
Maryland School For The Blind	3501 Taylor Ave All N: DUNATIONS Baltimore, IND 21230	52-0607957	501(c)3	7 837 45	e/u	n/a	n/a	Pass-through contribution
Associated Jewish Community Federation Of	101 W Mt Royal Avenue Baltimore, MIV 21201	52-000-52	501(c)3	9.872.75	n/a	n/a	n/a	Pass-through contribution
B'nai B'rith Hillel Foundation	/biz Mowatt Lii College Park, MD 20740	52-0851555	501(c)3	25,984.87	n/a	n/a	n/a	Pass-through contribution
Amnesty International Usa, Inc.	S Penn Pidza New 1016, IN 1 10001	52-0895622	501(c)3	5,279.83	n/a	n/a	n/a	Pass-through contribution
Children's Detense Fund	1333 N St Nw Washington, DC 20005	52-1007373	501(c)3	8,337.35		n/a	n/a	Pass-through contribution
House Of Buth	5 Thomas Circle Nw Fourth Floor Washington, DC 20005	52-1054102	501(c)3	9,378.29	n/a	n/a	n/a	Pass-through contribution
Bread For The City, Inc.	1525 Seventh St Nw Washington, DC 20001	52-1138207	501(c)3	5,260.11	e/u	n/a	n/a ,	Pass-through contribution
Capital Area Food Bank	645 Taylor St Ne Washington, DC 20017	52-1167581	501(c)3	21,562.64	e/u	n/a ,	n/a	Pass-through contribution
AGA KHAN FOUNDATION USA	1825 K Street NW Suite 901 Washington, DC 20006	52-1231983	501(c)3	6,067.50	e/u	e/u	n/a	Pass-Infough contribution
Us Holocaust Memorial Council	100 Raoul Wallenberg PI Sw Washington, DC 20024	52-1309391	501(c)3	14,8/1.3/	n/a	n/a 1/4	e /c	Pass-through contribution
Adventist Development And Relief Agency I	12501 Old Columbia Pike Silver Spring, MD 20904	52-1314847	501(5)3	2,400.28		e/u	n/a	Pass-through contribution
The Conservation Fund	1655 N. Fort Myer Drive Ste 1300 Arlington, VA 22209	52-1380917	501(c)3	5,392,46		n/a	e/u	Pass-through contribution
Human Rights Campaign Foundation	1540 Knode Island Ave, INV Washington, Dr. 20030	52-1495923	501(c)3		n/a	n/a	n/a	Pass-through contribution
American Horse Trials Foundation Inc	221 Glove Cove na cellateville, dia 2 2 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	52-1497470	501(c)3		n/a	n/a	n/a	Pass-through contribution
Conservation International Foundation	2011 Cifster Drive Ste Soo Armington, vn 22202	52-1521276	501(c)3		n/a	n/a	n/a	Pass-through contribution
Disabled American Veterans Chantable Ser	212) Arckanal and Time Consistent of MD 20895	52-1544063	501(c)3	7,291.49	n/a	n/a	n/a	Pass-through contribution
De Central Kitchen Inc	425 Second St. Nw Washington, DC 20001	52-1584936	501(c)3	7,162.54	n/a	n/a	n/a	Pass-through contribution
The Bhythm And Blues Foundation Inc	100 South Broad St Ste 420 Philadelphia, PA 19110	52-1594184	501(c)3		n/a	n/a	n/a	Pass-through contribution
MAOR INC	3407 PINKNEY RD BALTIMORE, MD 21215	52-1606782	501(c)3	7	n/a	n/a	n/a	Pass-through contribution
New Community For Children, Inc.	1722 6th Street, Nw Washington, DC 20001	52-1611821				n/a	n/a	Pass-through contribution
Us-baltic Foundation	1701 K St Nw Ste 903 Washington, DC 20006	52-1667906		•		n/a	B/U	Pass-through contribution
Joseph's House Inc	1730 Lanier Place, Nw Washington, DC 20009	52-1693018	201(c)3	10,920.45	9/1	0/:-	2	

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JustGive, Inc.

Schedule I (Form 990)

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Schedule I (Form 990)

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(Form 990)

Schedule I

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e) Non-

Schedule I

EIN: 94-3331010

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INC. JUSTGIVE,

Employer identification number 94-3331010

Par	t I	Types	of Property		- 4)	(c)		(d)			
				(a)	(b) Number of	Revenues repor	ted on	Method of de	etermini	ng	
				Check if applicable	contributions	Form 990, Part VI		revenu			
				арриодые	00111111111111111						
1	Art -	Works of a	art								
			treasures					-			
3	Art -	Fractional	interests								
			olications								
5	Clot	hing and h	ousehold goods								
		-	r vehicles								
7	Boa	ts and plar	nes								
8	Intel	llectual pro	pperty								
9		•	blicly traded	X	1	51,	995.	NYSE			
10	Sec	urities - Clo	osely held stock								
11	Sec	urities - Pa	rtnership, LLC, or								
• •											
12			scellaneous								
13			ervation contribution -								
		oric struct									
14			ervation contribution - Other								
15			Residential								
16			Commercial								
17			Other								
18											
19			у	1							
20			dical supplies								
21		-									
22			acts								
23			cimens								
24		·=	artifacts								
25			()								
26	Oth		(
27		ner 🕨	()								
28	Oth	_									
29	Niur	mber of Fo	orms 8283 received by the orga	nization durir	ng the tax year for	contributions					
23	for	which the	organization completed Form 8	283, Part IV,	Donee Acknowle	dgment	29				
										Yes	No
30a	Dur	ring the ve	ar, did the organization receive	by contribut	ion any property r	eported in Part I, Iir	nes 1-28 th	nat it must hold for			
-	at le	east three	years from the date of the initia	ıl contributio	n, and which is no	t required to be use	ed for exe	mpt purposes for			
	the	entire hol	ding period?						30a		X
b	If "	Ves " desc	ribe the arrangement in Part II.						-		
31	Do	es the ora	anization have a gift acceptance	e policy that	requires the revie	w of any non-stand	ard contri	outions?	31		X
320	Do	oc the ora	anization hire or use third partie	s or related of	organizations to so	olicit, process, or se	eli noncas	h			l
52 d		ntributions			-				32a		X
L.			ribe in Part II.							12	
	15 11	ho organiz	ation did not report revenues in	column (c) f	or a type of prope	rty for which colum	n (a) is ch	ecked,			
33						•			<u> </u>		<u> </u>
1111	des	scribe in P	art II. y Act and Paperwork Reduction	on Act Notic	e, see the Instru	ctions for Form 99	0.	Schedule	M (For	m 990) 2009
LHA	. F	or Privac	y Act allu Papel Work Neductii		-,						

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization 94-3331010 JUSTGIVE, INC. FORM 990, PART VI, SECTION A, LINE 2: DON KENDALL, SR. IS KENDALL WEBB'S FATHER-IN-LAW FORM 990, PART VI, SECTION B, LINE 11: THE DIRECTOR OF FINANCE AND THE AUDIT COMMITTEE REVIEW THE FORM 990 BEFORE IT IS FILED. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,FL,GA,KS,KY,IL,ME,MD,MA,MI,MN,MS,MO,MT,NH,NJ,NM,NY,NC ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: DOUGLAS FEICK - 12 PALM COURT, MENLO PARK, CA 94025 DON KENDALL, SR. - 700 ANDERSON HILL ROAD, PURCHASE, NY 10577 WILLIAM E. MCGLASHAN, JR. - 345 CALIFORNIA ST, STE 3300 SAN FRANCISCO, CA 94104 BILL PRICE - 135 EAST SIR FRANCIS DRAKE BLVD, LARKSPUR, CA 94939 DENNIS FAUST - 505 SHADELANDS PLACE, SAN RAMON, CA 94582 DOUGLAS MAZZUCCO - 400 EL CAMINO REAL #900, SAN MATEO, CA 94402

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public Inspection

Name of the organization	Employer identification number 94-3331010
JUSTGIVE, INC.	31 333232
RAY DALIO - ONE GLENDINNING PLACE, WESTPORT, CT 06	880
SHEILA LEWIS - 39939 STEVENSON COMMON, STE H2047,	FREMONT, CA 94538
DAHNA GOLDSTEIN - C/O PHILANTECH, LLC, 1875 I STRE	EET NW, SUITE 500
WASHINGTON, DC 20000	
PETER MURRAY - 1133 19TH STREET NW, 9TH FLOOR, WAS	SHINGTON, DC 20036
PART VIII, LINE 2A	
DESCRIPTION OF CORPORATE LICENSING FEES	
FEES ARE EARNED THROUGH THE LICENSING OF CHARITABI	LE DONATION PROGRAMS
FOR CORPORATIONS.	
PART VIII, LINE 2B	
DESCRIPTION OF UNREDEEMED GIFT CERTIFICATES	
REDUCTION OF LIABILITY FOR DONOR ADVISED FUND GRAI	NTS AND GIFT
CERTIFICATES NOT CASHED OR REDEEMED AFTER ONE YEAR	R.
PART VIII, LINE 2C	
DESCRIPTION OF SITE SET-UP & DEVELOPMENT FEES	
FEES ARE EARNED THROUGH THE SET-UP AND DEVELOPMEN	T OF CHARITABLE
DONATION PROGRAMS FOR CORPORATIONS.	

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

➤ See separate instructions.

► Attach to your tax return. Business or activity to which this form relates

990

Identifying number

דדז כיח	rgive, inc.		F	ORM 9	90 PA	GE 10		94-3331010
Part		rty Under Section 179	9 Note: If you have ar	ny listed pro	perty, co	mplete Part V	before yo	ou complete Part I.
	iximum amount. See the instructions	for a higher limit for	or certain businesses	S			1	250,000.
1 ма	tal cost of section 179 property plac	ed in service (see it	estructions)				2	
2 Tot	tal cost of section 179 property place reshold cost of section 179 property	boforo reduction in	n limitation				3	800,000.
3 Thr	reshold cost of section 179 property duction in limitation. Subtract line 3	from line 2. If zero	or less enter -0-				4	
4 Re	duction in limitation. Subtract line 3 ar limitation for tax year. Subtract line 4 from line	from line 2. Il zero (O H married filing separate	dv. see instruct	ions		5	
5 Doll	ar limitation for tax year. Subtract line 4 from line (a) Description of programme (a)		(b) Cost	(business use	only)	(c) Elected	cost	
6	(a) Description of pr	орыту						
				_,				
					7			
7 Lis	ted property. Enter the amount fron	n line 29					8	
8 To	tal elected cost of section 179 prop	erty. Add amounts	in column (c), lines b	and /				
9 Te	ntative deduction. Enter the smaller	r of line 5 or line 8					··· - 	
0 Са	arryover of disallowed deduction from	m line 13 of your 20	08 Form 4562				···	
1 Bu	isiness income limitation. Enter the	smaller of business	income (not less tha	an zero) or I	ne 5		···	
1 2 Se	ection 179 expense deduction. Add	lines 9 and 10, but	do not enter more th	nan line 11			12	
3 Ca	arryover of disallowed deduction to 2	2010. Add lines 9 a	nd 10, less line 12	P	13			
lote:	Do not use Part II or Part III below for	or listed property. In	istead, use Part V.					
Part	II Special Depreciation Allow	ance and Other De	epreciation (Do not	include list	ed prope	rty.)		
14 Sr	pecial depreciation allowance for qui	alified property (oth	er than listed proper	ty) placed i	n service	during		
	e tax year						14	
	operty subject to section 168(f)(1) e	lection					15	33,548
	ther depreciation (including ACRS)						16	33,340
Part		ot include listed pr	operty.) (See instruc	tions.)				
			Section A					
17 M	ACRS deductions for assets placed	in service in tax ye	ars beginning before	2009			17	
17 IVI	rou are electing to group any assets placed in se	ervice during the tax year i	into one or more general as:	set accounts, o	heck here			
16 пу	Section B - Asset	s Placed in Servic	e During 2009 Tax \	Year Using	the Gen	eral Deprecia	tion Syst	em
·	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment only - see instruction	use (u	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	2.7						
b	5-year property							
	7-year property							
C	10-year property							
d								
<u>e</u>	15-year property 20-year property							
f		<u> </u>			25 yrs.		S/L	
<u>g</u>	25-year property	/		2	7.5 yrs.	MM	S/L	
h	Residential rental property				7.5 yrs.	MM	S/L	
					39 yrs.	MM	S/L	
i	Nonresidential real property				30 yrs.	MM	S/L	
		Discordin Corning	During 2009 Tax Y	ear Using	he Alter			stem
		Placed III Service	During 2005 Tax 1	<u> </u>		1	S/L	
<u>20a</u>	Class life				12 vre		S/L	
b	12-year				12 yrs. 40 yrs.	MM	S/L	
С	40-year	/			40 yrs.	IVIIVI	J/L	<u> </u>
Par							- 04	T
21 L	isted property. Enter amount from li	ne 28					21	
22 T	otal Add amounts from line 12, line	s 14 through 17, lin	nes 19 and 20 in colu	umn (g), and	d line 21.			33,548
Ε	nter here and on the appropriate lin	es of your return. P	artnerships and S co	orporations	see inst	tr	22	33,340
23 F	or assets shown above and placed	in service during th	e current year, enter	r the				
n	ortion of the basis attributable to se	ction 263A costs	,	<u></u>	23			
91625			soparate instruction					Form 4562 (2009

916251 11-04-09 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009) JUSTGIVE, INC. 94-3331010 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment,

	recreation, or a Note: For any v through (c) of S		of Section B, a														
	Section A	- Depreciati	cinece/investmen	nt use clair	med?	Ye	e	No	24b lf	"Ye	s," is the	eviden	ce writte	en?	Yes	No	
a Do you have evidence to support the business/investment (a) (b) (c) Type of property (list vehicles first) placed in service use percentage			(d) Cost or other basis		Basis	(e) Basis for depreciatio (business/investmer use only)		(f) Recovery		(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost			
	Special depreciation allo	service			placed i	L n servic	e during	the t	ax year	and	i						
) (used more than 50% in	a qualified b	usiness use		<u></u>							25				<u> </u>	
`` ```	Property used more that	n 50% in a c	qualified busine	ess use:					,								
			9/	1						_							
_		: :	%	6						_							
		: :	9/	6													
, ,	Property used 50% or l	ess in a qual	ified business	use:								-			·	-	
		: :	9/						ļ	-	S/L -						
_			9	6					ļ	-	S/L -						
_			9/						<u></u>		S/L·	T					
8	Add amounts in column	n (h), lines 25	through 27. E	nter here	and on	line 21,	page 1					28		T 00			
Э.	Add amounts in column	n (i), line 26. l	Enter here and	on line 7	, page 1	l	<u></u>							29			
			S	ection B	- Infor	mation	on Use	of Ve	hicles								
yc	nplete this section for vo u provided vehicles to y se vehicles.	ehicles used your employ	by a sole prop ees, first answ	er the qu	estions	in Secti	on C to s	see if	you me	et a	n except	ion to	completi	ng this s	section fo	r	
				(a)		(b)			(c)		(d)		(e)		(f)		
n	Total business/investment	al business/investment miles driven during the		Vehicle		Vehicle			Vehicle		Vehicle		Vehicle		Vehicle		
	ear (do not include commuting miles)														 		
	Total commuting miles																
	Total other personal (no																
_	driven														 		
3	Total miles driven durin														1		
_	Add lines 30 through 3												ļ		 		
14	Was the vehicle availab	ole for perso	nal use	Yes	No	Yes	No	Ye	s N	lo	Yes	No	Yes	No	Yes	No	
	during off-duty hours?				<u> </u>	<u> </u>					 	ļ					
5	Was the vehicle used p	orimarily by a	a more														
	than 5% owner or relat	ted person?					ļ	ļ					 				
6	Is another vehicle avail	able for pers	onal	i l		1											
	use?												<u> </u>				
		Section (C - Questions	for Empl	oyers V	Vho Pro	vide Vel	hicles	s for Us	e b	y Their E	mploy	ees		aava than	E0/	
٩ns	wer these questions to	determine i	f you meet an e	exception	to com	pleting	Section	B for	vehicle	s us	ed by en	nployee	es wno a	re not i	nore man	370	
owi	ners or related persons.								. I Ilian a			byyyou			Yes	No	
37	Do you maintain a writt	ten policy st	atement that p	rohibits a	il perso	nal use	of vehicl	es, in	cluaing	cor	nmuung,	by you	λ1		103	 ```	
	employees?															1	
38	Do you maintain a writi	ten policy st	atement that p	rohibits p	ersonal	l use of	vehicles,	exce	ept com	muı	ing, by y	our			1		
	employees? See the in	structions fo	or vehicles use	d by corp	orate o	fficers, o	airectors	, or i	% Of 111	ore	OWHEIS					\vdash	
39	Do you treat all use of	vehicles by	employees as p	oersonal	use?				r omplo		e about						
Ю	Do you provide more t	han five vehi	icles to your en	npioyees	, obtain	moma	LIOTI ITOTI	i you	i emplo	ycc	3 about						
	the use of the vehicles	, and retain	the information	received	المصائمات		otion us	 2								T^-	
11	Do you meet the requi Note: If your answer to	rements con	cerning qualitie	ed autom	oblie ut	data Sar	ation B f	or the	covere	d ve	ehicles.						
		37, 38, 39,	40, 0141 IS 16	38, UO 110	or comp	nete oet	CHOIT B IV	57 1710	0010.0								
	art VI Amortization			(b)		(c)			(d)		(е)		(f)		
Р	(a) Description of costs Date			e amortization begins		Amortiza	Amortizable amount		Code section			Amortization period or percentage		Amortizat for this y		ation year	
P	'				ar:												
		that begins o	during vour 200	Jo Lan you													
	Amortization of costs	that begins o	during your 200	: :	T												
		that begins o	during your 200	<u> </u>													
42													43			60 60	